

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00504530 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 26 / 2016</div> </div>	

Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 25 / 2016</div>	
Mailing Address 815 Slaters Lane		Amount <div style="border: 1px solid black; padding: 2px;">347592.54</div>	
City Alexandria	State VA		
Purpose of Expenditure Media placement	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : 001 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 21 / 2016</div>	
Name of Federal Candidate Dittmar, Jane, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">347592.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Prosper Group Corporation		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 25 / 2016</div>	
Mailing Address 435 East Main Street Suite 250		Amount <div style="border: 1px solid black; padding: 2px;">20000.00</div>	
City Greenwood	State IN		
Purpose of Expenditure Media placement	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : 002 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 25 / 2016</div>	
Name of Federal Candidate Dittmar, Jane, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">367592.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">367592.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 10 / 26 / 2016 </div>	

Full Name of Payee Craig Miller Productions		Date of Public Distribution/Dissemination <small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 10 / 25 / 2016	
Mailing Address 1491 Northside Dr. Suite B		Amount 18980.00	
City Atlanta	State GA	Zip Code 30318	Transaction ID : 003
Purpose of Expenditure Media production	Category/Type 004	Date of Disbursement or Obligation <small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 10 / 27 / 2016	
Name of Federal Candidate Dittmar, Jane, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small>	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation <small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small>
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18980.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	386572.54

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Crosby, Caleb, , ,

[Electronically Filed]

Date

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10 / 27 / 2016

Signature